Traumatic Brain Injury

Trust Fund
Board of Directors

Strategic Plan

April 2004

INTRODUCTION

A brain injury is defined in KRS 211.470 to 211.478, which established the Traumatic Brain Injury Trust Fund and its governing Board of Directors, as:

"... a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning..."

Information from a Prevalence Survey published in January 2004 suggests that 19.4 percent of Kentucky households have one or more persons affected by a brain injury. An estimated 213,000 Kentuckians may need services as a result of a brain injury. Even a mild brain injury can have devastating financial, psychological, vocational, and medical effects on the individual, family, and community. Clearly, the need to develop a comprehensive array of services and supports to address the needs of people with brain injuries and their families is paramount.

The Traumatic Brain Injury Trust Fund Board of Directors (the Board) initiated a strategic planning process by establishing a planning work group in February 2004. The Strategic Plan is designed to serve as a road map for the development of services and as a tool for responding to the continuously changing needs of citizens of the Commonwealth whose lives have been forever altered by an acquired brain injury. There are four broad goals in this strategic plan. The objectives under each goal are specific activities that will lead to the accomplishment of the goal. The plan outlines goals and objectives for a five-year period, and is an evolving document that the Board will review annually.

The planning group included stakeholders from across the brain injury community, including persons with brain injury, family members, service providers, and state agency personnel. The work group had the benefit of earlier strategic planning efforts in 2000 funded, in part, by the federal Bureau of Maternal and Child Health. A vision, mission, guiding principles, and action plan were developed at that time and are available at: http://mhmr.ky.gov/mhsas/braininjury/

In developing the Strategic Plan, the work group also considered the report of the Legislative Task Force on Services and Supports for Persons with Brain Injury, published and the Status Report on Brain Injury in Kentucky, both published in January 2004 by the Trust Fund Board. These documents are crucial foundations for the Strategic Plan.

OUR VISION

Kentuckians with acquired brain injuries are valued citizens leading lives of dignity and hope in accordance with their personal and individual choices.

MISSION

Our mission is to provide leadership, in partnership with others, to prevent disability, to strengthen individuals in their community, and to foster the independence of people whose lives have been affected by an acquired brain injury.

GUIDING PRINCIPLES

People with brain injuries:

- are respected and valued members of their communities
- have choices
- direct their customized services and supports to the greatest extent possible

Services and Supports for People with brain injuries:

- enhance existing community supports
- promote the independence and personal productivity
- are provided in the least restrictive environments
- are accessible, available, and effective





Goal 1- Long Term Supports

Develop an array of long-term community supports to assist people with brain injury to live and work in their communities, including but not limited to:



Objective 1.1 Develop a system that allows for self directed supports.

• Support current efforts to promote self determination in publicly funded programs.



Objective 1.2 Assure access to community based supports across the lifespan of the individual.

- Pursue collaboration with key public and private agencies to address the needs of people with brain injuries, with particular emphasis on health care, housing, employment and transportation
- Develop multiple funding streams for services and supports.
- Develop funding mechanisms for case management services across the person's lifespan.



Objective 1.3 Develop cross-system case management and expand the skills and knowledge of case managers in agencies that interact with people with brain injuries.

- Develop a cadre of case managers who have the skills and knowledge to work across multiple service delivery systems
- Increase the competence of case managers in other systems
- Develop a resource list of case managers who have successfully completed training in brain injury.



Objective 1.4 Provide brain injury screening and referral services in publicly funded human service programs.

- Develop and share a screening tool for use in human service programs.
- Develop and share referral and resource information
- Compile data from the screening procedures.



Objective 1.5 Create a network of resources for families and providers.

- Seek funding to continue the Natural Supports Network created under the Traumatic Brain Injury Implementation Grant
- Fund brain injury consultants, to be available to people with brain injuries, their families, and organizations who support them.



GOAL 2- Rehabilitative Services

Assure access to a full array of rehabilitative services, to maximize functional recovery and to ameliorate the medical, physiological, cognitive, psychological and behavioral problems attributed to brain injury, including but not limited to:



Objective 2.1 Increase the number of professionals and service providers with and expertise in the field of brain injury.

- Develop training standards and requirements that parallel those in other specialty practice areas
- Include brain injury training and course work as part of the regulations governing the providers of publicly funded human services.
- Encourage institutions of higher education to add brain injury content to the curricula for graduate level programs in human services disciplines.



Objective 2.2 Fund services for persons who are not eligible for Medicaid.

- Provide additional funds to the Traumatic Brain Injury Trust Fund to increase the number of people served.
- Seek an appropriation for brain injury services.
- Encourage increased coverage of brain injury services by private health insurance providers.



Objective 2.3 Improve access to Medicaid funded services

- Allow payment for Occupational Therapy services in hospital settings.
- Increase the number of persons in the Acquired Brain Injury Medicaid Waiver from 110 to 250 per year.



Goal 3- Prevention and Public Education

Develop prevention and public education efforts that are supported by data, including but not limited to:



Objective 3.1 Promote brain injury prevention by collaborating with public and private sector stakeholders to advocate for safety legislation and enforcement of existing laws.

- Develop prevention policies focused on the evidence regarding the causes of brain injury
- Develop effective strategies for prevention



Objective 3.2 Promote public awareness of the lifelong, life-altering nature of brain injury.

- Disseminate information on risk factors and behaviors through public awareness activities.
- Create partnerships with other organizations to promote awareness.



Objective 3.3 Continue to improve systems for data reporting, collection and analysis.

- Improve the completeness, accuracy, and standardization of data related to brain injury in existing data collection systems. Promote the use of standardized coding for brain injury in all relevant state data sets.
- Support the development of statewide data collection systems for emergency medical services trips and emergency department visits, including out-of-state services.
- Support the improvement of the KAMES and TWIST systems.



Goal 4- Crisis Intervention and Response

Strengthen Kentucky's safety net for persons with brain injury by improving and developing mechanisms for crisis intervention and response, including by not limited to:



Objective 4.1 Develop relationships with and improve the capability of existing mobile crisis teams and crisis stabilization units to respond to individuals with brain injuries and their families

- Develop Memoranda of Agreement with existing teams
- Provide training on the effects of brain injury
- Seek funding to support crisis team efforts for persons with brain injury



Objective 4.2 Support the efforts of the HB843 and HB144 Commissions to decrease inappropriate incarceration of persons with disabilities.

- Seek Commission support to include persons with brain injury in existing efforts to decriminalize disabilities
- Endorse current efforts to establish a specialized call center to assist jailers in responding to person with disabilities, including people with brain injuries



Objective 4.3 Increase the awareness of brain injury among law enforcement organizations and the judiciary

• Endorse current training efforts for the police, jailers, crisis teams, defense attorneys, public defenders, and judges to include information about brain injury



Objective 4.4 Develop and fund an inpatient neurobehavioral unit for people with brain injuries

• Explore the use of new CPT codes as a mechanism to establish reimbursement for inpatient neurobehavioral services within a medical hospital setting.



About the Traumatic Brain Injury Trust Fund Board of Directors

The Board of Directors of the Traumatic Brain Injury Trust Fund was established in 1998 by KRS 211.472. It is attached to the Cabinet for Health Services for administrative purposes. The Board is composed of nine members: six who are appointed by the Governor and three who are established in the legislation and designated by their positions within state government. The Board has governing authority, and per the establishing legislation, KRS 211.474, is responsible to:

- Promulgate administrative regulations related to the administration of the Trust Fund
- Formulate policies and procedures for determining individual eligibility for assistance from the trust Fund
- Establish a registry for traumatic brain and spinal cord injuries
- Investigate the needs of brain-injured individuals and identify gaps in current services
- Assist the Cabinet for Health Services in developing programs for brain-injured individuals
- Monitor and evaluate services provided by the Trust Fund
- Provide the Governor, the General Assembly, and the Legislative Research Commission an annual report by January 1st of each year



Board members for 2004 are:

- Mary Hass, Chair, designee for Melinda Mast, Executive Director of the Brain Injury Association of Kentucky
- Pat W. Wear II, Commissioner, Department for Mental Health and Mental Retardation, designee for James Holsinger, Jr. M.D., Secretary, Cabinet for Health and Family Services
- Dr. Kraig Humbaugh, State Epidemiologist
- Dr. George Raque, Neurosurgeon
- Dr. Margaret Dubicki, Neuropsychologist
- Dr. Daniel Gripshover, Rehabilitation Specialist,
- Robert Walker, LCSW, Social Worker
- Elizabeth Runyon, RN, MSN, Family Member
- Katherine Williams, M.A., Family Member

Systems Development Committee

The TBI Trust Fund Board has accepted the recommendation of the Legislative Task Force on Services and Supports for Persons with Brain Injury, to continue the work of the Task Force which sunset in January 2004. The Board established the Systems Development Committee for this purpose. The Board, pursuant to its legislative mandate to assist the Cabinet to develop services, charged the Committee with the task of drafting a Strategic Plan for this purpose. Membership of the Committee includes:

- Senator Julie Rose Denton and Representative Mary Lou Marzian, Co-Chairs
- Michele Finn, Brain Injury Association of Kentucky
- David Hanna, Department for Medicaid Services
- Karyn Hascal, Division of Substance Abuse
- Mary Hass, Brain Injury Association of Kentucky
- Jim Kimbrough, Department of Protection and Advocacy
- William Kraft, Frazier Rehabilitation Hospital
- Carl Ledford, Advocate
- Kevin Lightle, Division of Mental Retardation
- Carol Lunney, Advocate
- Maureen Hall, Designee for Judy Mallory, Department of Education
- Sharon Marsh, Eckman/Freeman & Associates
- Melinda Mast, Brain Injury Association of Kentucky
- Sandra Mlinarcik, Seven Counties Services, Inc.
- Germaine O'Connell, Department for Public Health
- Rick Purvis, Department of Corrections
- Colleen Ryall, Brain Injury Services Unit
- Bruce Scott, Division of Mental Health
- Marion Spencer, Department of Vocational Rehabilitation
- Joanna Thomas, Kentucky Hospital Association



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- Maureen Hall, Exceptional Children Services
- Mr. Brian Bamberger, Family Member
- Mrs. Teresa Bamberger, Family Member
- Donna Cundiff, Family Member
- Donna Hillman, Division of Substance Abuse
- Joan Owens, Stepping Stones Communities